Psychotherapy Notes

Clinical Psychology (Amity University)

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PSYC719: BASICS OF PSYCHOTHERAPY

ASSIGNMENT

Amity Institute of Psychology and Allied Sciences (AIPS)

AMITY UNIVERSITY, NOIDA (U.P.)

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Module V
The Conduct of Psychotherapeutic Interview & Ethical issues in Psychotherapy

Overview of The Conduct of Psychotherapeutic Interview		
1.	**The Conduct of Psychotherapeutic Interview**	A structured conversation between a therapist and a client to address emotional, psychological, and behavioral issues. Goal-oriented and guided by therapeutic principles and techniques.
2.	**The Rationale of Interviewing**	To understand and assess the client's emotional state, thoughts, and behaviors. To build rapport and establish trust. To provide a safe space for self-expression. To identify and explore issues and goals.
3.	**The Language of the Interview**	Use clear, empathetic, and non-judgmental language. Avoid jargon and technical terms. Encourage open and honest communication.
4.	**Opening the Interview**	Begin with a warm and welcoming greeting. Set the tone for a safe and confidential environment. Establish the agenda and purpose of the session.
5.	**Maintaining the Flow of Verbalizations**	Actively listen and show empathy. Use non-verbal cues (nodding, eye contact) to convey understanding. Encourage the client to continue sharing their thoughts and feelings.
6.	**Directing the Flow of Verbalizations**	Gently steer the conversation toward therapeutic goals. Ask open-ended questions to explore deeper issues. Address resistance and defensiveness with care.
7.	**The Principle of Selective Focusing**	Focus on key issues and emotions. Avoid overwhelming the client with too many topics at once. Prioritize what needs immediate attention.
8.	**Inculcating Insight**	Help clients gain self-awareness and understanding. Use reflective listening and feedback. Facilitate exploration of underlying causes and patterns.
9.	**Terminating the Interview**	Summarize key points and insights. Discuss action steps or homework if applicable. Ensure the client leaves with a sense of closure and hope.

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10.	**Special Problems in Interviewing**	Addressing resistance and reluctance to open up. Handling crisis situations or strong emotional reactions. Dealing with cultural and diversity-related issues.
11.	**The Interpersonal Climate of the Interview**	Maintain a warm, empathetic, and non-judgmental atmosphere. Foster trust and rapport. Promote a sense of collaboration and partnership.
12.	**Ethical Issues in Psychotherapy**	Confidentiality: Protect client privacy. Informed consent: Ensure clients understand the therapy process. Boundaries: Maintain appropriate professional boundaries. Dual relationships: Avoid conflicts of interest. Duty to report: Address situations involving harm to self or others.

The Conduct of Psychotherapeutic Interview

An interview is essentially a structured conversation where one participant asks questions and the other provides answers. Therapy, therefore, can be viewed as involving an ongoing interview process. Indeed, therapists regularly use interview techniques to gather useful information that will, in turn, help them better understand the client's difficulties, implement proper interventions, assess progress, and overcome obstacles in therapy.

Therapists use interview techniques both to collect useful data and to help build and maintain client-therapist rapport. Thus, certain strategies that may work in other interview contexts, such as 'gotcha' techniques, hostile attacks, or sycophantic pandering, are ill-suited for psychotherapy.

Below are a few of the basic interview techniques that therapists may beneficially use in the course of therapy:

1. Reflection

A staple of Carl Rogers' person-centred therapy approach, this technique is foundational to psychotherapy. It involves 'verbal mirroring' of the client's communications, by which the therapist restates what the client has said (usually in a summarized, paraphrased form). Reflection appears simple-minded, but it is in fact quite far-reaching in its effects. For one, in order to reflect you have to listen. Thus, reflecting back to the client what they said implicitly communicates that you are, in fact, paying attention. People like to be acknowledged and attended to, and the experience is not common in the outside world, so reflection aids in building trust and therapeutic rapport.
Second, reflection is a self-correcting communicative mechanism. If you reflect erroneously, the client has a chance to correct you. In this way, reflection helps make sure that what you understood matches what the client was attempting to convey. Reflection helps clarify communications, and thus allows the therapist to understand the client's experience.

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Moreover, reflection over time allows for the detection of specific patterns in the client's communications. For example, if the therapist repeatedly fails to accurately reflect a client's intent, then perhaps (assuming the therapist is competent) the client's communication style is unclear, which may help explain some of the client's difficulties out in the world.
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Reflection involves both content (fact) and process (feeling). In other words, if a client says, "I just can't seem to get anywhere in my life," the therapist may simply restate the content: "So you feel like you're not achieving your life goals." Or, alternately, the therapist may reflect the client's conveyed emotions: "You seem frustrated, and perhaps fatigued, due to your lack of progress."

2. **Pinpointing**

In this technique, the therapist seeks to clarify or 'pin down' the client's specific meaning regarding some event or interaction. This is important because people come to therapy with different systems of meaning and points of reference. So, for example, if the client says "I came back home late from the bar last night and my wife went crazy on me," pinpointing would sound something like: "What do you mean by 'went crazy'? What did she actually do?"
Pinpointing can be also used in the service of exploration, looking to map out the client's behavioural and emotional terrain in detail. For example, if a client says, "My father used to beat me," the therapist may respond with several pinpointing questions: "How often did he beat you? How? Where?" This is important because a failure to pinpoint adequately, particularly with difficult topics, may be experienced by the client as timidity or lack of care on part of the therapist. Pinpointing specific painful aspects of the client's experience legitimizes a difficult conversation, conveys courage, determination, and real caring, all of which aid rapport and help create a 'therapy milieu' in which we approach and inspect difficult things rather than avoid and cover them up.

3. **Open-ended questions**

This is the complement to pinpointing. An open-ended question is one that cannot be answered with a simple yes or no or another short, laconic reply. Thus, it invites the client to reflect on their experience, elaborate, and provide further context and data. A closed question is: "Did you enjoy the date?" An open-ended question would be: "Let's hear more about your date." Similarly, instead of asking "Are you happy at work?" the therapist may say: "Tell me more about your experience at work."

4. **Confrontation**

This technique is used to point out discrepancies between what the client states and what is being observed. It may highlight inconsistencies in the client's story and help the client face the facts, and actual consequences, of their behaviour. Confrontation is a risky strategy, but often a high-reward one, particularly when the rapport is strong and the client is invested. Confrontation in therapy is most useful when it involves the presentation of objective facts and when done in search of truth, not of judgment. So, for example, if a client says, "Yeah, I drink to excess sometimes," the therapist may point to the record and say, "In fact, you've spent half your income on booze last month, and had three DWIs as well; and you're drinking every morning just to steady your nerves. Are we not more accurate to say that you are dependent on alcohol?"

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5. **Self-disclosure**

Disclosing an aspect of the therapist's experience is another technique that may be used to establish rapport, support the client emotionally, and show empathy. However, this should be deployed judiciously, since a therapist who talks about him or herself may convey a lack of client-focus, and may appear (or be) preoccupied with their own issues. Different schools of therapy have different approaches to self-disclosure, and different clients will benefit from different levels of disclosure, yet a good rule of thumb may be to approach the issue on a case-by-case basis and to weigh the benefits against the risks carefully, given the specific issues, and people, involved.
For example, if the client says: "People think I'm stupid because I can't read well, but I'm actually dyslexic," the therapist may say: "I am dyslexic as well. I had similar experiences in school." The risk is that the client may interpret this as bragging or a putdown, (as in, 'I am dyslexic and I made it, so why are you complaining?'); the hope is that the client will see in the therapist a true ally who understands their struggle as well as an example of success, which could inspire the client to disclose more freely and to strive to achieve their own goals despite obstacles.

6. **Silence**

Miles Davis once said, "It's not the note you play, it's the note you don't play" that matters. A silence can be pregnant with meaning. In therapy, pauses in conversation may create a space for self-reflection, in which thoughts and emotions may become clearer and reach awareness. They may also convey a comfort with silence, which is a sign of healthy intimacy. In this way, silence, expertly employed, is both an interview technique and a therapeutic intervention, providing the client with the opportunity to process and understand what is being said, thus promoting introspection and allowing them to re-integrate emotions. For example, if a client says, "I get so mad I feel like hitting her," the therapist may remain silent. After a pause, the client may add: "And then I immediately feel guilty and beat myself up for being a lousy husband." The silence here has allowed for a fuller picture to emerge.

7. **Reframing**

This technique shows up in many types of psychotherapy and involves, in essence, seeing old problems or events with new eyes. We know today, in part through Tversky and Kahneman's ground-breaking research, that how a problem is framed (presented, viewed) affects how it is appraised and addressed. For example, doctors presented with a new drug labelled 70% effective will have a much more positive attitude about prescribing it than those presented with a new drug that has 30% failure rate. (Do the math: It's the same drug.) Likewise, unhappy workers who frame their trouble as having a lousy boss will choose a different set of behaviors than those who frame their problem as having a boss in the first place. The former will seek to work for someone else. The latter will seek to work for themselves. Relatedly, if a client says, "I'm nervous about my job interview," the therapist may reframe this by saying, "That's a good thing. It means you care."

8. **Focusing**

This technique is used to ensure that the therapeutic encounter remains just that—focused on the work of therapy. At times, clients may seek to branch out into side conversations or

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tangents that, while perhaps interesting in and of themselves, do not serve to advance the main narrative of the therapy. The reasons for that may vary. Some clients may just be meandering storytellers. Some may not yet have been socialized into the focused culture of the therapy process. Others may seek to avoid a painful topic they know is about to be approached in session and use small talk as a form of resistance. Still others may be under the impression of an event that had just transpired before they came in, and feel the need to share or unload. In all these cases, a gentle focusing comment may help re-centre the conversation and re-direct attention to the work at hand.

So, for example, if a client embarks on a long tangent about her daughter's achievements, the therapist may say, "Your daughter sounds like a wonderful, accomplished person; that must be very satisfying for you. Now, let's pick up our conversation from last week. We were looking into your recent difficulties with your mother-in-law…"

The Rationale of Interviewing

Benefits of clinical interviews include gathering important information, giving information to them, access to verbal and non-verbal information about the client, to influence their behaviour in certain ways for example in psychotherapeutic interviewing, and building trust between psychologist and patient. However, there are some disadvantages, too, including the assumption of client honesty and the possibility of interviewer bias.

Important purposes and various rationales within the therapeutic process:

Assessment: The primary purpose of interviewing in psychotherapy is to gather information about the client's psychological and emotional well-being. Through interviews, therapists can assess the client's presenting concerns, symptoms, history, and overall mental health status. This assessment helps in formulating a diagnosis and treatment plan.

Establishing rapport: Interviews provide an opportunity for therapists to build a strong therapeutic alliance or rapport with their clients. Building trust and a positive therapeutic relationship is crucial for effective psychotherapy. Through open and empathetic communication, therapists create a safe and supportive environment in which clients can share their thoughts, feelings, and concerns.

Exploration and understanding: Interviews allow therapists to delve deeper into the client's thoughts, emotions, behaviors, and experiences. Through active listening and thoughtful questioning, therapists aim to gain a comprehensive understanding of the client's inner world, including their beliefs, values, and life experiences. This understanding forms the basis for treatment planning and interventions.

Treatment planning: Once a thorough assessment is completed, interviews help therapists develop a personalized treatment plan. This plan may include specific therapeutic techniques, goals, and interventions tailored to the client's unique needs and goals for therapy.

Monitoring progress: Ongoing interviews throughout the therapeutic process serve as a means to monitor the client's progress. Therapists can assess whether the client is

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experiencing symptom improvement, gaining insight, or facing challenges in therapy. Regular interviews help therapists make necessary adjustments to the treatment plan as needed.

Intervention and support: Interviews are a platform for therapists to provide emotional support, guidance, and interventions aimed at helping clients address their concerns, overcome challenges, and develop coping strategies. Therapists may use various therapeutic approaches and techniques to facilitate change and personal growth.

Empowerment and self-awareness: Through interviews, clients can gain self-awareness, insight into their behaviors and thought patterns, and a deeper understanding of their emotions. This self-reflection and exploration can empower clients to make positive changes in their lives and develop healthier ways of coping with stress and challenges.

Validation and normalization: Interviewing in psychotherapy can help clients feel heard, understood, and validated. Therapists often validate the client's feelings and experiences, which can reduce feelings of isolation and stigma associated with mental health issues. Normalizing common human struggles can also reduce shame and self-blame.

Education: Interviews provide an opportunity for therapists to educate clients about mental health, psychological concepts, coping strategies, and healthy behaviour patterns. Clients can gain valuable knowledge and skills to manage their emotional well-being.

The purpose of interviewing in psychotherapy is multifaceted and includes assessment, relationship-building, treatment planning, intervention, and support. It serves as a foundational tool for therapists to understand, empower, and facilitate positive change in their clients' lives.

The Language of the Interview

Some key aspects of the language of the interview in psychotherapy: Communication Styles, Language Complexity, Vocabulary, Non-Verbal Cues, Maximising Empathy, Active Listening, Reflecting, Paraphrasing, and Summarising.

Empathy: Therapists should use empathetic language to convey understanding and support.

Use of common language/ Avoidance of Jargon: Common language is a common professional method used by psychologists. These methods get patients more comfortable and share their feelings or problems. Psychologists do not use technical, medical terms with patients. They use simple and friendly questions to make the patients express their worries or problems.

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Active listening: Active listening plays an important role in the psychological understanding of patients. This process includes listening patiently, maintaining eye contact, being non-judgemental, etc.

Clarification: Therapists may use clarifying questions or statements to ensure they understand the client's perspective accurately. For example, "I want to make sure I understand you correctly; are you saying...?"

Reflective statements: Have a conversation with your patient. Whenever they choose to tell a story, go with it. Ask relevant questions about their story. This will make them comfortable.

Encouragement and Validation: Therapists should offer words of encouragement and validation to acknowledge the client's progress, effort, and strengths. This can boost the client's self-esteem and motivation for change.

Non-judgmental and Accepting: The language should be non-judgmental and accepting of the client's thoughts, feelings, and experiences. Clients should feel comfortable sharing without fear of criticism or condemnation.

Opening the Interview

Opening of the therapy session is an opportunity to build trust, rapport, and a therapeutic alliance with the client. It should be conducted with sensitivity, respect, and a genuine commitment to helping the client achieve their therapeutic goals. Here are some steps and considerations for opening a therapy session effectively:

Greeting and Warm Welcome: Begin with a warm and welcoming greeting. A friendly smile and a genuine "Hello" can help ease initial tension. Use the client's name to personalize the interaction and make them feel valued.

Offer Comfort and Assurance: Let the client know that the therapy session is a safe, confidential space where they can express themselves without judgment. Express your commitment to their well-being and emphasize that you are there to support them.

Review of Confidentiality: Reinforce the importance of confidentiality in therapy. Assure the client that what they share will be kept confidential, with specific exceptions as required by law or ethical guidelines.

Agenda Setting: Collaboratively discuss the agenda for the session. Ask the client if they have specific topics or concerns they'd like to address. This sets the direction for the session and ensures that you prioritize the client's immediate needs and goals.

Establishing Ground Rules: Set clear expectations for the session, such as the duration, frequency, and any specific rules or guidelines relevant to the therapeutic relationship. Discuss the use of electronic devices, interruptions, and any other logistical considerations.

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Explaining Your Role: Briefly explain your role as the therapist. Let the client know that your aim is to support them, facilitate self-awareness, and help them work toward their therapeutic goals. Clarify that while you are there to guide and assist, the client is the expert on their own experiences.

Informed Consent: Review informed consent, including the client's rights and responsibilities in therapy. Ensure they have the opportunity to ask questions and seek clarification.

Setting the Agenda: Collaboratively decide on the main topics or goals for the session based on the client's input and any pre-established treatment plans.

Emotional Check-In: Ask the client how they are feeling at the moment. This can provide insight into their current emotional state and help them connect with their feelings.

Active Listening: As the client begins to share, actively listen and demonstrate empathy and understanding. Use reflective listening techniques to show that you are engaged in their experience.

Validate and Normalize: Validate the client's feelings and experiences, even if they are difficult or distressing. Normalize common human struggles to reduce feelings of shame or isolation.

Transition to the Therapeutic Work: Once the initial rapport is established, transition into the core therapeutic work, which may involve exploring thoughts, feelings, behaviors, or specific issues based on the session agenda.

Maintaining the Flow of Verbalizations

The function of the psychotherapist's phenomenological inquiry is to "symbolize, transform, and displace a stretch of experience from our past - what we have done, what has happened to us - into linguistically represented episodes, events, processes, and states."

Carl Rogers recognized that one of the most significant features of any type of therapy is "the release of feeling", i.e., the verbalization of "thoughts and attitudes, those feelings and emotionally charged impulses, which center around the problems and conflicts of the individual."

Maintaining the flow of verbalization in psychotherapy interviews requires a balance between active listening, empathetic responses, and skilful communication. Creating a supportive and non-judgmental environment allows clients to express themselves more freely and facilitates the therapeutic process.

Here are some strategies and tips to help therapists and clients keep the conversation flowing smoothly:

Active listening, Reflective responses like for example, "It sounds like you're feeling really overwhelmed at work."

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Ask open-ended questions like for example, "Can you tell me more about what was going on when you started to feel anxious?"
Ask them for Clarification for example, "I want to make sure I understand; can you explain that a bit more?"
Summarize what the client has shared to help organize the conversation and ensure you are both on the same page and helps the client gain insight and see patterns in their thoughts and feelings.
Express empathy and validation throughout the conversation. Use phrases like, "I can see how that would be really challenging," or "It's completely normal to feel that way."
Encourage clients to explore their thoughts and feelings more deeply. You can do this by asking questions that promote self-reflection, such as, "What do you think might be driving those thoughts?"
Don't be afraid of brief periods of silence. Avoid rushing to fill silences with your own commentary.
Pay attention to both verbal and non-verbal cues. Sometimes clients may communicate through body language, tone of voice, or hesitations.
If the conversation veers off track or becomes too tangential, gently redirect it back to the main topic or goals for the session.
Be flexible in your approach and adapt to the client's needs and communication style.

Directing the Flow of Verbalizations

Directing the flow of verbalization in a psychotherapy interview is an important skill that therapists use to guide the conversation effectively while remaining client-centered. It involves gently steering the discussion toward therapeutic goals, encouraging exploration, and ensuring that the session remains productive. Here are some strategies for directing the flow of verbalization in therapy interviews:

Begin the session by collaboratively setting an agenda with the client. Ask them what they would like to discuss during the session, and identify specific goals or topics to address.
Managing Pauses, rephrase what the patient has said, either as a plain statement of fact or as a question. Mm hmm. (nodding, encouraging their expression)
Ask a question related to the material under discussion to stimulate associations.
Encourage clients to provide concrete examples of their thoughts, emotions, or behaviors. For example, "Can you give me an example of a recent situation where you felt this way?"
If this is unsuccessful, summarize or rephrase the last thoughts of the patient. This helps organize the conversation and allows you to highlight key points and patterns.
Say, “and” or “but” with a questioning emphasis as if something else is to follow.
If the patient still remains silent, the therapist may say, “You find it difficult to talk” or “It’s hard to talk.”
Validate the client's feelings and experiences and normalize common struggles. This can create a safe space for the client to share more openly.
Don't rush to fill every silence with your own words. Silence can be a powerful tool for allowing clients to process their thoughts and emotions. Give them space to think and speak.

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Periodically check in with the client to assess their comfort level and whether the conversation is meeting their needs. This shows that you value their input and helps maintain a collaborative atmosphere.

The Principle of Selective Focusing

Keeping communications specific -- focused on facts and feelings of relevant concerns, while avoiding tangents, generalizations, abstract discussions, or talking about counsellor rather than the client. Includes the following functions:

Assisting client to identify and work on a specific problem from the various ones presented.
Clear understanding of the therapeutic goals. The therapist and client collaborate to identify the client's main concerns, issues, or goals for therapy.
Reminding the client of the task and redescribing intent and structure of the session.
Therapists must prioritize the most relevant and pressing issues during each session.
Using questions and suggestions to help the client clarify facts, terms, feelings, and goals.
Effective selective focusing relies on active listening.
Aligning the therapeutic process with the client's needs and goals.
Client's history, current concerns, and the progress made in previous sessions.
Use a here-and-now focus to emphasize process and content occurring in current session, which may of help to elucidate the problem being worked on or improving the problem-solving process.
Selects areas of exploration that are likely to facilitate insight and growth in the client.

Striking the right balance between selective focusing and maintaining a holistic view of the client's experiences is crucial. While it's important to address specific issues, it's also essential to consider how these issues connect to the client's overall well-being.

Inculcating Insight

Some of the techniques that may be used in inculcating insight in an interview in psychotherapy include the following:

Free association: This is a technique in which clients are encouraged to say whatever comes to mind, without censorship. This allows the therapist to gain a better understanding of the client's thoughts and feelings.

Dream interpretation: Dreams can provide insight into unconscious conflicts and memories that may be affecting behavior in the present. The therapist may encourage the client to talk about their dreams and even draw them, allowing the therapist to interpret what they might mean.

Exploration of the past: The therapist will encourage the client to talk about their childhood and any traumatic experiences that may have occurred. This can help to identify patterns or themes that may be affecting behavior in adulthood.

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Interpretation of symptoms: Symptoms can provide clues about the underlying causes of problems. The therapist will work with the client to interpret these symptoms and understand how they might be related to unresolved conflicts from the past.

Use of metaphors: Metaphors can be helpful in conveying complex ideas in a way that is easier for clients to understand. The therapist may use metaphors to help explain how certain behaviors are related to internal conflicts.

Confrontation: In some cases, the therapist may need to confront the client about certain behaviors or beliefs. This is particularly true if the client is engaging in destructive behavior, such as substance abuse. The therapist will try to help the client understand why they feel the need to engage in this behavior and encourage them to find healthier ways of coping with difficult feelings or situations.

Psychoeducation: Insight-oriented therapy helps clients gain insight into their own emotions and motivations. However, just gaining this insight does not necessarily mean that it will translate into positive changes in behavior. Psychoeducation can be an important aspect of treatment because it provides a foundation for healthy behavior change. Clients may benefit from learning about how thoughts influence feelings and how actions are driven by unconscious thoughts and feeling states.

Terminating the Interview

Principle	Strategy
Preparation for termination	Discuss with the client: What went well in therapy? What will the end be like? Confirm the date of the last session
Explore and process feelings	Explore the feelings and the potential sense of loss for the client. Discuss positive and negative reactions to ending the relationship and the therapy.
Reflect on gains by the client	Focus on and emphasize the gains and progress the client has made. Help the client recognize the positive changes.
Express pride in the positive work completed and the therapeutic relationship	Express pride in the new skills learned and strategies achieved. Acknowledge enjoyment in working together, and express some of the therapist's feelings about ending the relationship.
Discuss the client's future coping and functioning	Discuss the future and the potential for returning to therapy if required. Discuss the tools now available to the client and how to use them going forward.

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Principle	Strategy
Frame personal development as unfinished	Normalize the concept that problems are very much a part of life. They provide an opportunity for future learning and using skills learned. Recognize resources available for any problems that remain unresolved.
Anticipate post-therapy growth and generalization	Point out that the gains are likely to carry over to other areas of life.

Termination in the counseling process refers to the planned and gradual conclusion of the therapeutic relationship between a counselor or therapist and a client. It should be handled with care and consideration. Here are some key aspects to understand about termination:

Planned and Gradual Process: It should not be abrupt but rather occurs over several sessions, allowing both the counselor and client to prepare for the end of therapy.

Assessment of Goals: It's important to assess whether the client has achieved the goals set at the beginning of therapy. This helps determine if the client is ready to move forward.

Discussion and Exploration: Clients may reflect on what they've learned and how they plan to apply it in their lives.

Review of Coping Strategies: Discuss how to continue using coping strategies and skills effectively after therapy ends.

Closure and Summarization: The counselor and client may summarize the key insights, accomplishments, and growth experienced during therapy.

Future Plans: Clients may discuss their future plans and how they intend to maintain their mental health and well-being after therapy. This may include identifying potential sources of support.

Addressing Relapse Prevention: If applicable, counsellors and clients may discuss strategies for preventing relapse and managing any future challenges.

Follow-Up Sessions: In some cases, clients may schedule follow-up sessions after termination to check in on their progress and provide additional support during the transition.

Documentation: Counselors often document the termination process, including the client's progress, discussions, and any recommendations for future care.

Closure and Acknowledgment: Termination should involve a sense of closure and acknowledgment of the client's growth and progress. It's an opportunity to express appreciation for the client's willingness to engage in the therapeutic process.

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Special Problems in Interviewing

Interviewing in psychotherapy, while a valuable tool for understanding and helping clients, can present specific challenges and complexities. Here are some special problems or challenges that can arise during psychotherapy interviews:

Resistance: Clients may exhibit resistance to therapy, which can manifest as avoidance, defensiveness, or reluctance to engage in self-exploration.

Crisis Situations: Clients may experience acute crises or emergencies during therapy sessions, such as suicidal ideation, self-harm, or severe emotional distress.

Cultural Sensitivity: Cultural differences can pose challenges in communication and understanding. Therapists need to be culturally competent and sensitive to the client's background and beliefs.

Transference and Countertransference: Transference occurs when clients project their feelings onto the therapist, while countertransference involves the therapist's emotional reactions toward the client. Managing these dynamics requires self-awareness and therapeutic skill.

Client's Limited Self-Disclosure: Some clients may have difficulty opening up and sharing their thoughts or feelings, which can impede progress in therapy. Therapists need to create a safe and trusting environment to encourage disclosure.

Overdependence: Clients may become overly dependent on the therapist for emotional support or decision-making, which can hinder their personal growth and autonomy.

Denial: Clients with certain conditions, such as substance use disorders or personality disorders, may be in denial about their issues, making it difficult to engage in meaningful therapy.

Compliance with Treatment Plan: Ensuring that clients follow through with the treatment plan and engage in recommended activities or exercises outside of therapy can be a challenge.

Boundary Violations: Therapists must maintain clear and appropriate boundaries to ensure the therapeutic relationship remains ethical and effective.

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The Interpersonal Climate of the Interview

It refers to the emotional, positive, supportive and relational atmosphere that is established between the counselor and the client during the interview. Here are key components of the interpersonal climate of the interview:

Empathy: Counselors should demonstrate empathy, which is the ability to understand and share the feelings of the client. When clients feel understood and validated, they are more likely to open up and explore their thoughts and emotions.

Non-judgmental Attitude: Creating a non-judgmental and accepting atmosphere is critical. Clients should feel safe sharing their thoughts and feelings without fear of criticism or condemnation.

Genuineness: Counselors should be authentic and genuine in their interactions with clients. Authenticity helps build trust and credibility in the therapeutic relationship.

Respect: Respect for the client's autonomy, choices, and experiences is fundamental. Clients should feel that their perspectives and decisions are valued and respected.

Unconditional Positive Regard: Counselors should offer unconditional positive regard, which means showing warmth, acceptance, and support for the client as a person, regardless of their thoughts or actions.

Active Listening: It involves giving the client full attention and using reflective listening techniques to convey understanding.

Confidentiality: Clients must trust that their counselor will maintain confidentiality and uphold ethical standards. A breach of trust can damage the therapeutic relationship.

Empowerment: The counselor should empower clients to take an active role in their own healing and growth by decision-making and goal-setting.

Effective Communication: Effective communication is essential. Counselors should communicate clearly and ensure that clients understand the therapeutic process, goals, and expectations.

Cultural Sensitivity: Being sensitive to the client's cultural background and identity is crucial. Counselors should avoid assumptions.

Feedback and Reflection: Periodically providing feedback and reflecting on the therapeutic process can help clients understand their progress and encourage self-awareness.

Supportive Environment: The physical factors like lighting, seating, and privacy can impact the client's comfort and trust.

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Ethics in Psychotherapy

Every relationship, whether it is personal or professional, has some norms and values that need to be maintained. All sorts of relationships work on trust, and trust is backed up by ethics. The moment an ethical breach occurs in any relationship, the relationship breakdowns.

What is the meaning of Ethics in Psychotherapy?

Ethics is an important aspect of any discipline and provides a backdrop for decision-making, especially when there is a dilemma. Professional organizations provide ethical codes to issue broad guidelines to the practitioners, and organizations may somewhat differ in their guidelines. A discipline, however, has major guidelines expected to be followed to maintain some amount of uniformity in the decision-making process.

Ethics in psychology can be divided into two topics. There are ethical guidelines in psychological research, and then there is ethics in psychotherapy and counseling practices. In both cases, the code of ethics helps an individual whenever they are stuck, and it helps them make a conscious decisions backed by well-researched and thoughtful guidelines.

General Ethics

In psychology, ethics is the most important and debated topic. To what extent is an action unethical is a dilemma most therapists experience. For example, the amount of disclosure or the contents of disclosure is a matter of ethical dilemma for many practitioners.
In order to address various ethical issues, the two major organizations, namely The British Psychological Society (BPS) and The American Psychological Association (APA) have attempted to provide an ethical framework to provide practitioners with a guideline for psychotherapy.

Ethics in a Psychological Practice

Ethics in psychotherapy and counselling depend upon organizational principles apart from the universal general guidelines. However, the basic framework of most of these principles is more or less similar.

The guidelines in psychological practice are often subjective and depend on practitioners' interpretation, but they help in effective decision-making in a therapy room. The subjectivity arises from the fact that the contexts of practice and practioner vary in various aspects. There are differences in the community, histories of community, region, and knowledge system of the practitioner, and therefore these differences are present. For instance, the standards of contact between a client and the therapist can differ in urban and rural areas.

Professional ethics in psychology can be better understood better by differentiating between mandatory and aspirational ethics. Mandatory ethics refers to a level of ethical conduct where the practitioners adhere to the minimum guidelines keeping in mind the basic 'must' and 'should not' in their practice—for example, adhering to the principle of not harming the participant at any cost (Do no harm). On the other hand, aspirational ethics refers to the highest standards of moral reasoning, thinking, and professional conduct they seek, and it calls for practitioners to go above and beyond 'just' abiding by the code of ethics.

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Here are the important ethical guidelines that need to be kept in mind while conducting therapy.

Beneficence and nonmaleficence: This refers to the principle of making sure that the practitioners thrive on helping their clients while ensuring that no or least harm is caused to them in case of unavoidable obligations. This harm refers to both physical and psychological. Psychological harm is subjective. Therefore, a therapist must be very careful in a session and avoid any undue stress that can cause psychological harm to the participants.

Right of confidentiality: This ethical principle provides anonymity to the clients, and this helps them to fight the stigma they have been fearing. Therefore, it is the therapist's responsibility to take utmost care in hiding the client's identity and the results of any tests if conducted. No one outside the therapy room, without the client's permission, must know about the client's details.

Right to withdraw from therapy: The participants must have the right to take a step back from the therapy, testing, or its result. It helps to lift the pressure from the clients. There are several reasons that this right is given to the clients. One of them is that they may feel uncomfortable during the sessions or ashamed about their test results. Even in group therapy, a participant may feel uncomfortable or triggered, which is why this right enables them to put their safety first and withdraw.

Right to informed consent: This is one of the most important ethical considerations. Informed consent refers to the procedure where the client is made aware of the therapeutic process and their wilful permission is taken after understanding the procedure. Informed consent helps the client realize what they are signing up for.

Deception in therapy: Hiding information or misleading clients is a violation of ethical principles. However, deception is a necessary evil in some cases. Deception is

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a tricky guideline in psychology, which has to be used only when necessary. The utmost care and peer review are advisable while using deception in a therapy room.

Ethical Behaviour in Therapy

All psychologists must make an effort to behave themselves with beneficence and nonmaleficence, fidelity and accountability, integrity, justice, and respect for people's rights and dignity, according to the five general principles of the American Psychological Association's (APA) Code of Conduct.

Responsibility: This involves acknowledging that practitioners' actions have consequences, and thus they are to act most respectfully and responsibly.

Integrity: The practitioner must not commit any professional misconduct or fraud. In case of necessary deception used during special circumstances, it has to be used with utmost care.

Justice: The practitioner must observe social equality and treat the clients in a just and fair manner.

Respect: The practitioner must respect the client's autonomy, privacy, and confidentiality.

Conclusion

The practitioners must make an honest attempt to observe them, especially the mandatory ethics. Following the code of ethics requires a lot of awareness, introspection, and commitment to the discipline. Ethics also help to maintain some amount of universality in the practice of psychotherapy and research. Therefore, a thorough understanding and implementation of these principles enable practitioners and researchers to establish good judgment and decorum in the discipline.

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